PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032

Under the Paperwo	rk Reduction Act of 199	5, no person are r	equired to	respond to a collection	on of informati	ion unless it display	s a valid OME	3 control numb
Effective on 12/08/2004.				Complete if Known				
FEE TRANSMITTAL For FY 2009						10/549,695-Conf. #9610		
				Filing Date		May 26, 2006		
				First Named Inventor		Yasuhiko TABATA		
						A. Sasan		
X Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1615				
TOTAL AMOUNT OF PAYMENT (\$) 715.00				Attorney Docket No. 3691-0122PUS1				
METHOD OF PAY	MENT (check all t	hat apply)						
Check	redit Card N	Money Order	No	nc Other (	please identify	r):		
x Deposit Account	Deposit Account Numb	er:02-	2448	Deposit	Account Name:	Birch, Stewart	, Kolasch &	Birch, LLP
For the above	e-identified deposit	account, the D	irector is	s hereby authorize	d to: (chec	k all that apply)		
x Charge	fee(s) indicated be	low		Charg	e fee(s) ind	icated below, ex	cept for t	he filing fee
	any additional fee(		ments o	f x Credit	any overpa	yments		
FEE CALCULATI								
1. BASIC FILING, SE	ARCH, AND EXAM	INATION FE	ES					
		G FEES	SE	ARCH FEES	EXAMIN	ATION FEES		
Application Type	Fee (\$)	Smail Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees I	Paid (\$)
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM F	EES							Small Entity
Fee Description	in the diam of Datases						Fee (\$) 52	Fee (\$) 26
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)							220	110
Multiple dependent claims							390	195
			F	ee Paid (\$)				
- or HP = X =						Fee (\$) Fee Paid (\$)		
HP = highest number of	total claims paid for, if g	eater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	F	e Paid (\$)				
- or HI HP = highest number of	P=X							
-		tor, it greater tha	n s.					
3. APPLICATION SIZE If the specification		d 100 sheets o	of naner	(excluding electr	onically file	ed sequence or	computer	
	CFR 1.52(e)), the							0
sheets or fraction	n thereof. See 35 U	.S.C. 41(a)(1)	(G) and	37 CFR 1.16(s).				
Total Sheets	Extra Sheets			round up to a who			Fee_	Paid (\$)
4. OTHER FEE(S)					,		Fees	Paid (\$)
Non-English Spec	cification, \$130 fee	e (no small en	tity disc	ount)				
Other (e.g., late fi	iling surcharge): 28	301 Request 253 Extensio	for con	tinued examinat sponse within th	tion (RCE) aird month	(see 37		05.00 0.00*
SUBMITTED BY								
Signature /	\$ 1 h	2 4110	21	Registration No.	28.977	Telephone	(703) 20	5-8000
	rald M. Murphy, Ji	e #48,	JU /	(Attorney/Agent)		oate FEB	·	009
manie (mine Type) Gel	alu IVI. IVIUIPNY, JI					Date FED	4 4 4	ມບຽ

<sup>\*</sup>Fee for first and second month extensions of time was paid on January 9, 2009.